

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91806 016 ***150.00

0665203 AB

DOCUMENT # F02000001782

1. Entity Name
APOLLO WORLDWIDE, INC.



Principal Place of Business
**304 S. LEIGHTON AVE
ANNISTON AL 36207**

Mailing Address
**304 S. LEIGHTON AVE
ANNISTON AL 36207**



2. Principal Place of Business
7280 GEORGIA AVE

3. Mailing Address
7280 GEORGIA AVE

Suite, Apt. #, etc.
3

Suite, Apt. #, etc.
3

City & State
WEST PALM BEACH FL

City & State
WEST PALM BEACH FL

4. FEI Number **52-2060178**

Applied For
Not Applicable

Zip **33405** Country **PALM BEACH**

Zip **33405** Country **PALM BEACH**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCDAVITT, JOHN M
140 BAREFOOT COVE
HYPOLUXO FL 33462**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOHN M MCDAVITT** *John M McDavitt* **3/25/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
NAME **MCDAVITT, JOHN M**
STREET ADDRESS **140 BAREFOOT COVE**
CITY-ST-ZIP **HYPOLUXO FL 33462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MCDAVITT, CHERYL A**
STREET ADDRESS **140 BAREFOOT COVE**
CITY-ST-ZIP **HYPOLUXO FL 33462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **THOMAS, CLINT**
STREET ADDRESS **703 PONTE VEDRA BLVD**
CITY-ST-ZIP **PONTE VEDRA FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DORRIS, JIM**
STREET ADDRESS **140 BAREFOOT COVE**
CITY-ST-ZIP **HYPOLUXO FL 33462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Section 8 or 9, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John M McDavitt* **JOHN M MCDAVITT PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)